

Instruction Sheet for the completion of the FETC Firearms Instructor Application

This application is required for any applicant not currently employed as a sworn law enforcement officer of a recognized law enforcement agency.

(Detach this instruction sheet before submitting your application.)

1. TYPE or PRINT with ball-point pen, except for the signature.
2. The application **MUST** be filled out completely; if a question does not apply to you (other than Yes/No questions) enter N/A in the space provided
3. The application must be notarized.
4. **Effects of Not Supplying Information Requested.** Failure to supply complete information will delay processing and may result in denial of the application.



pennsylvania

FIREARM EDUCATION AND TRAINING COMMISSION

FETC Certified Firearms Instructor Application

Name: _____ Date of Birth: _____
Last First MI

AKA's-Maiden Name: _____ SSN: _____

Home Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Telephone No.: Home () Cell ()

Email Address: _____

Certifications Held:

(ie: Firearms Instructor, Armorer (Glock, SIG Sauer, Beretta, etc.))

Certification	Agency	Year Completed	Current (Yes/No)

Criminal History:

Have you ever been arrested for any non-traffic summary, misdemeanor, or felony offenses?

Yes No

Have you ever been investigated or arrested for a crime of domestic violence?

Yes No

If yes list: date, offense, court of jurisdiction, arresting agency, and disposition. (if more space is needed use an additional sheet)

Employment:

List your last three employers or employers during the last 5 years (use an additional sheet if more space is required)

From Date	Name and Address of Employer	Job Title
To Date		Description of Duties
Salary	Name of Supervisor	Reason for Leaving

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Military Status:

Have you served in the U.S Armed Forces? Yes No

If yes, type of discharge: _____

Are you a member of a U.S Reserve or State Guard organization? Yes No

If yes please list the service and component: _____

Character:

Are you now or have you ever been subject to a Protection From Abuse or any other Court Order restraining you from harassing, stalking, or threatening your child(ren) or an intimate partner or other child(ren) or such partner? Yes No

Are you now or have you ever been an **unlawful** user of, or addicted to, marijuana, or any depressant, stimulant, narcotic drug, or any other controlled substance? Yes No

Have you ever been adjudicated as mentally defective, which includes having been adjudicated incompetent to manage your own affairs, or been committed to any mental institution? Yes No

If yes to any of the above, describe the circumstances. Attach additional sheets for a fully detailed statement if needed.

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take, which might require further explanation (ie: suspensions, lawsuits, sexual harassment complaints, etc.), or which would reflect poorly upon the reputation of the commission? Yes No

If yes to any of the above, describe the circumstances. Attach additional sheets for a fully detailed statement if needed.

I certify and declare that this document and any attachments contain no misrepresentation or falsification; omission or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. I am signing this document with the full understanding that submission of any misrepresentation or falsification, or the omission or concealment of material fact will subject me to all available civil and/or criminal penalties, including the penalties under 18 Pa. C.S.A. § 4904.

Signature of Applicant

Date

COMMONWEALTH OF PENNSYLVANIA COUNTY OF _____

Subscribed, sworn to and acknowledged before me by _____,

this the _____ **day of** _____ (month), _____ (year).

_____ Notary Public

My Commission Expires : _____